

**Bellingham-Hopedale-Franklin
Supplemental
Fuel Assistance Program
BHFSFAP**

HEATING SEASON

Fuel Assistance benefits
are available
for the
2016-2017
Heating Season
November 1st -April 30th

The Program can only pay for heating costs
incurred during that time.

FUNDING

Funding provided through a grant from the
Commonwealth of Massachusetts Department
Of Housing and Community Development
(DHCD)

Administered by the
Bellingham Community Development Office
Old Town Hall
2 Mechanic Street
Bellingham, MA 02019

508-657-2891

**NOT ELIGIBLE
FOR
SMOC/SELF-HELP
FUEL ASSISTANCE?**

HIGHER INCOME LIMITS APPLY

Residents whose income exceeds
SMOC/Self-Help fuel assistance income
limits may qualify for BHFSFAP benefits.

**SMOC/SELF-HELP
FUEL ASSISTANCE
EXHAUSTED?**

Residents who have exhausted or exceeded
their SMOC/Self-Help fuel assistance benefits
may qualify for BHFSFAP benefits

ELIGIBILITY	APPLICATIONS AVAILABLE
Residents of Bellingham, Hopedale or Franklin ~ Income must be at or below the program's income limits. ~ Applicants receiving SMOC/Self-Help fuel assistance must exhaust or exceed their benefit amount for the current heating season prior to receiving BHFSFAP assistance.	Applications are available in at the following locations Bellingham – Franklin - Hopedale ~ Senior Centers (Councils on Aging) ~ Town Clerk's Office ~ Bellingham Community Development Office (Old Town Hall)
BENEFITS	HOW TO APPLY
The maximum amount of fuel assistance per eligible household is \$1,000 per heating season. ~ Funds are limited and on a first-come first-served basis therefore the full benefit amount is not guaranteed	Applications will be accepted at the Senior Center/COA or by mail or in person at ~ Bellingham Community Development Office, Old Town Hall, 2 Mechanic Street Bellingham, MA 02019.

INCOME LIMITS # of Persons in Household								
	1	2	3	4	5	6	7	8
Self-Help SMOC (LIHEAP)	\$33,126	\$43,319	\$53,511	\$63,704	\$73,897	\$84,089	\$86,000	\$87,912
Bellingham-Franklin (BHFSFAP)	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750	\$90,000	\$96,450
Hopedale (BHFSFAP)	\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750
Income limits are revised periodically. The Program will use the most current income limits in effect at the time an application is processed for an income eligibility determination.								

A current SMOC/Self-Help eligibility determination letter may be accepted as verification of household income. Otherwise additional documentation may be required to verify eligibility.

BELLINGHAM-HOPEDALE-FRANKLIN
Supplemental Fuel Assistance Program (BHFSFAP)

Application Form
2016-2017 Heating Season

1. APPLICANT INFORMATION

SS Number: _____ - _____ - _____

Name/Address: _____

Telephone: _____ Cell: _____ Email: _____

2. HOUSEHOLD DATA

Include information for all permanent residents of the household (including children.)

Name	Age	Handicap (Y/N)	Race	Elderly (60+)	Source of Income	Estimated Total Gross Income Last 12 Months

Income Limits apply. A current SMOC/Self-Help eligibility letter will be accepted as verification of household income. Otherwise additional income documentation may be required to verify eligibility.

3. FUEL ASSISTANCE

☐ I am receiving or have applied for Fuel Assistance (SMOC/Self-Help).

☐ I have NOT applied for Fuel Assistance (SMOC/Self-Help) because my income exceeds the income limits.

4. OTHER ASSISTANCE

I am receiving the following assistance (check all that apply):

☐ Food Stamps ☐ Medicaid ☐ Section 8 ☐ Welfare ☐ SSDI

5. HEATING METHOD

What is your *primary* heating method?

☐ Oil ☐ Gas ☐ Propane ☐ Electric ☐ Wood/Pellets ☐ Other _____

Name of Supplier: _____

6. HOW DID YOU HEAR ABOUT THE PROGRAM

- ☐ COA/Senior Center ☐ Fuel Assistance Agency ☐ Website
☐ Newspaper ☐ Heating Vendor ☐ Word of Mouth ☐ Other _____

7. TOWN EMPLOYEE OR OFFICIAL

Does any member of your household or immediate family (spouse, parents, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of the Towns of Bellingham, Hopedale or Franklin?

- ☐ No
☐ Yes If yes, indicate household/family member name and position held:

Name: _____ Position: _____

8. ACCURACY OF INFORMATION

I hereby certify that all information provided is accurate to the best of my knowledge. I authorize the BHFSFAP to verify any information relating to this application. If an applicant falsifies information or provides misleading information in an application, the applicant will be permanently disqualified from participating in the program.

9. COORDINATING & SHARING OF INFORMATION

RELEASE OF INFORMATION:

I give permission for the following agencies, offices and organizations to share and exchange information with the staff at the BHFSFAP for the purpose of determining my eligibility for and providing fuel assistance to me. This may include information about benefits, income, household size, deliveries, account information and balances:

- LIHEAP Agencies (SMOC/Self-Help)
- All Town Offices (such as COA/Senior Center, Veteran's Agent, Assessor's Office, etc.)
- Fuel Supplier or Utility Company as indicated on my Application or LIHEAP eligibility letter

Print Name _____

Signed: _____ **Date** _____

All applicants should submit their application form as soon as possible.

If available, please include a copy of applicant's current SMOC/Self-Help eligibility letter.

Mail to: Bellingham Community Development Office, 2 Mechanic Street, Bellingham, MA 02019